

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT
FORM B

For New Members, Candidates, and New Employees

LEGISLATIVE RESOURCE CENTER

Name: *Markus Allen Murphy* **Daytime Telephone:****18 MAR - 1 PM 1:15**U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

FILER STATUS	New Member or Candidate for U.S. House of Representatives	State: <u>CO</u> District: <u>5</u>	<input type="checkbox"/> Check if Amendment
	Candidates – Date of Election:	<u>11-6-18</u>	
	New Officer or Employee Employing Office: _____	Staff Filer Type (If Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant	Period Covered: January 1, 2017 to <u>1/26/2017</u>

A. \$200 penalty shall be assessed against any individual who files more than 30 days late.	
<i>(Signature)</i>	

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"**THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE****EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS**

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded _____ from this report details of such a trust that benefits you, your spouse, or dependent child?

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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ASSETS AND/OR INCOME SOURCES	BLOCK A	BLOCK B	BLOCK C	BLOCK D	Value of Asset	Type of Income	Amount of Income
Spouse/DC	ASSET NAME	EF					
Art/ Paintings		X			None	A	
Trailer House		X			\$1-\$1,000	B	
Real Estate-House		X			\$1,001-\$15,000	C	
Pension-ERS		X			\$15,001-\$50,000	D	
TexaSaver 401k		X			\$50,001-\$100,000	E	
Checking Account-FCB		X			\$100,001-\$250,000	F	
Expenses/Personnel		X			\$250,001-\$500,000	G	
Unemployment		X			\$500,001-\$1,000,000	H	
TD Ameritrade		X			\$1,000,001-\$5,000,000	I	
TD Ameritrade		X			\$5,000,001-\$25,000,000	J	
Cost/Juliet/Safe/Vault		X			\$25,000,001-\$50,000,000	K	
Electronic Equip.		X			Over \$50,000,000	L	
					Spouse/DC Asset over \$1,000,000*	M	
					NONE		
					DIVIDENDS		
					RENT		
					INTEREST		
					CAPITAL GAINS		
					EXCEPTED/BLIND TRUST		
					TAX-DEFERRED		
					Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		
					None	I	Current Year 2018
					\$1-\$200	II	
					\$201-\$1,000	III	
					\$1,001-\$2,500	IV	
					\$2,501-\$5,000	V	
					\$5,001-\$15,000	VI	
					\$15,001-\$50,000	VII	
					\$50,001-\$100,000	VIII	
					\$100,001-\$1,000,000	IX	
					\$1,000,001-\$5,000,000	X	
					Over \$5,000,000	XI	
					Spouse/DC Income over \$1,000,000*	XII	
					None	I	Preceding Year 2017
					\$1-\$200	II	
					\$201-\$1,000	III	
					\$1,001-\$2,500	IV	
					\$2,501-\$5,000	V	
					\$5,001-\$15,000	VI	
					\$15,001-\$50,000	VII	
					\$50,001-\$100,000	VIII	
					\$100,001-\$1,000,000	IX	
					\$1,000,001-\$5,000,000	X	
					Over \$5,000,000	XI	
					Spouse/DC Income over \$1,000,000*	XII	

SCHEDULE C – EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing 2017	Preceding Year 2017
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
State of Maryland	Salary	\$20,000	\$16,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A

*Express Employment
true Unemployment*

*Wages
Unemployment*

*0
3,280.00
15,380.00
12,000*

SCHEDULE D - LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.**

Position	Name of Organization
Tax Examiner - TE1 Correctional Officer - CO1	Dept. of Revenue Tax Dept. of Attm. Justice
Owner Owner	Murphy's Law Office Murphy for Congress, Inc. (co-5)

SCHEDULE F – AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

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SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Date	Parties to Agreement	Terms of Agreement
9-16	Murphy & Express Employment	Employment Contract
1-15	Murphy & TX DEC	Employment Contract
2-18	Murphy & Murphy Law Office	Employment Contract
2-18	Murphy & Law Office & Murphy for Congress (Co-S), Inc.	Legal Services Contract

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule C.**

Source (Name and City/State)		Brief Description of Duties
Example: Doe Jones & Smith, Homestead, Homestate	Doe Jones & Smith, Homestead, Homestate	<p>Accounting Services</p> <p>Express Employment Colorado Springs, CO Tax Accounting On-Site @ CCR \$14K TX Dept. of Crim. Just. TDCS Huntsville, TX Prison Guard \$33K TWC Unemployment Austin, TX Unemployed \$15K</p>

Use additional sheets if more space is required.